MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

05697

CERTIFICATE OF DEATH

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: May 27th County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Ashmead

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Manie Ashmead

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1874 October 18

8. AGE: Years: 65 Months: 7 Days: 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Crisfield Md (Town, county, and state)

10. Usual occupation: Bricklayer & Mason

11. Industry or business: Plasterer

FATHER

12. Name: Joseph Ashmead

13. Birthplace: Ireland

MOTHER

14. Maiden name: Nancy Evans

15. Birthplace: Md.

16. Informant: Noah Ashmead

Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 29/40 (month) (day) (year)

Cemetery or crematory: Sunny Ridge

Location: near Crisfield

18. Funeral director: J. S. Lawson & Son

Address: Crisfield Md.

19. May 29, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27th 1940, at 6.50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940 to ____ 19__ and that I last saw he alive on Barrived 19__

Immediate cause of death: Arteriosclerosis Myocarditis

Due to: Coronary Thrombi

Due to: Fell on Street & Died Suddenly

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of: —

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Wm. H. Coulbourn M.D. M. D. or other

Address: Crisfield Md Date signed: 5/28/40

Deputy Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

05698

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Bivens

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Maried

6 (b) Name of husband or wife: Joseph Bivens

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 22 - 1868

8. AGE: Years 71 | Months 9 | Days 7 | If less than one day ___ hrs. ___ min.

9. Birthplace Snow Hill Worster co Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER

12. Name Harry Barns

13. Birthplace Snow Hill Worster co Md

MOTHER

14. Maiden name W Charlet Barns

15. Birthplace Snow Hill Worster co Md

16. Informant Mary Eutson

Address Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 2 1940 (month) (day) (year)

Cemetery or crematory Branch cemetary

Location Marion Md

18. Funeral director Chas H Ward

Address Marion Md

19. 6/1 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 11-15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death artemidemia

Due to

Due to Chronic nephritis. CWGR. Duration: two and a half years.

Other conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. I. Somers M. D. or other

Address Crisfield, Md Date signed 5-31-40

RECEIVED
JUL 3 1940
BUREAU V. S.

05699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94P)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Westover
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
~~City or~~ town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Noah James Brittingham

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Daisy Brittingham
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.): Oct 21, 1872
8. AGE: Years 67 Months 6 Days 23 If less than one day ___ hrs. ___ min.
9. Birthplace: Dublin, Somerset Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Truck farming
FATHER 12. Name: Edward J. Brittingham
13. Birthplace: Somerset Co.
MOTHER 14. Maiden name: Susan Gibbons
15. Birthplace: Somerset Co.
16. Informant: Paul Brittingham
Address: Westover Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16, 1940 (month) (day) (year)
Cemetery or crematory: Coxsbury Coxsbury M.E. Church
Location: Coxsbury Md.
18. Funeral director: Dale Dashiell
Address: Princess Anne Md.
19. May 15 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14th 1940, at 7 15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4th 1940, to May 14th 1940 and that I last saw h 1m alive on May 14th 1940.
Immediate cause of death: Angina Pectoris — DURATION: Since 3/4/40
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Thos. B. Whaley M.D. M. D. or other
Address: Princess Anne Date signed 6/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

05700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-d)

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Princess Anne Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): about 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Jennie Buttler

3. (b) Social Security Number: No

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sergeant Wm. A. Butler

6 (c) If alive, give age: about 58 years

7. Birth date of deceased (mo., day, yr.): 5-5-1885

8. AGE: Years: 55 Months: 0 Days: 5 If less than one day: hrs. min.

9. Birthplace: Princess Anne, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: none.

FATHER
12. Name: Sidney Robinson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Lucy - Robinson
15. Birthplace: Maryland

16. Informant: Susie Sharpe

Address: Water St., Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-13-40 (month) (day) (year)

Cemetery or crematory: Houston Cemetery

Location: Salisbury Maryland

16. Funeral director: James F. Stewart

Address: 402 E. Church St. Salisbury Md

19. May 10 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1940, at 9:23 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10th 1940, to May 10th 1940, and that I last saw her alive on May 10th 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 1938

Due to:

Due to:

Other conditions: Hyper Tension, Gastro Enteritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Eedore G. Maresman
M. D. or other

Address: Prin. Anne, Md. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

057011

Reg. Dist. No. 269

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Caton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Phoebe Lois Caton

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 3-14-1862

8. AGE: Years 78 | Months 2 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Meyersdale Pennsylvania (Town, county, and state)

10. Usual occupation Painter & paper hanger

11. Industry or business

FATHER 12. Name Martin Caton

13. Birthplace Meyersdale Pa.

MOTHER 14. Maiden name Susannah Direly

15. Birthplace Meyersdale Pa.

16. Informant Hardy Fitzgerald

Address Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)

Cemetery or crematory Mowe Cemetery

Location Mowe Md.

18. Funeral director Dale Hasbell

Address Princess Anne, Md

19. May 4 1940 (Date rec'd by registrar) Mrs. S. Bennett Registrar

MEDICAL CERTIFICATION 4 M.

20. DATE OF DEATH May 3 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1940, to May 3rd 1940, and that I last saw h im alive on May 3rd 1940.

	DURATION
Immediate cause of death Cancer on head & face.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr John T Ruby M. D. or other

Address Princess Anne Md Date signed May 3, 1940

RECEIVED
JUN 8 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-a

05702

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne 2nd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne 2nd Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Edward Collier

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Bell Collier
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE:

Years	Months	Days	If less than one day
52			hrs. min.

9. Birthplace Westover, Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Charles Edward Collier
13. Birthplace unknown Md.

MOTHER
14. Maiden name Bell Walston
15. Birthplace Somerset County Md

16. Informant Joseph M. Collier
Address R.F.D. 5 Princess Anne, Md.

17. None (Burial, cremation, or removal. Which?) Date thereof 5-6-40 (month) (day) (year)
Cemetery or crematory Green Hill Cemetery
Location Curtis Chapel

18. Funeral director William Jones Dixon
Address Princess Anne Somerset Co. Md.

19. 5-4-1940 (Date rec'd by registrar) J. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3rd 1940, to May 3 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death	DURATION
Acute Cardiac Asthma	5/1/40
Due to Acute Myocarditis	
Due to	
Other conditions Acute Bronchitis (Include pregnancy within 3 months of death)	4-3-40

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edgar G. Marksman M. D. or other
Address Princess Anne Md. Date signed 5-6-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 267

05703

1. PLACE OF DEATH:

County Somerset

City or town Marumsco
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Marumsco Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laurance Collins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: child

6 (b) Name of husband or wife ~~child~~

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 - 1940

8. AGE: Years | Months | Days 6 | If less than one day hrs. min.

9. Birthplace Marumsco Somerset Co Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Standford Collins
13. Birthplace Marumsco Md

MOTHER
14. Maiden name Sarah Holden
15. Birthplace Marumsco Md

16. Informant Standford Collins
Address Marumsco Md

17. burial (Burial, cremation, or removal. Which?) Date thereof May 20. 1940 (month) (day) (year)

Cemetery or crematory Marumsco cemetery

Location Ebezner Church

18. Funeral director Chas. H. Ward
Address Marion Md

19. 5/40 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19. 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 - 1940, to May 19 1940, and that I last saw him alive on May 19 - 1940.

Immediate cause of death acute die of [illegible]

Due to Bronchio Pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statisfically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M. D. or other

Address Marion Md Date signed May 19, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

05704

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Venton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 31 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Laura Catherine Cullen

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ralph Cullen

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1869

8. AGE: Years 71 Months 3 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Mt Vernon Somerset, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER

12. Name John McIntyre

13. Birthplace Mt Vernon Md.

MOTHER

14. Maiden name Mary Ellen Jones

15. Birthplace Mt Vernon Md.

16. Informant Mrs. Bernard Thomas

Address Mt Vernon Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26, 1940 (month) (day) (year)

Cemetery or crematory Princess Anne

Location Princess Anne

18. Funeral director Dale Daskell

Address Princess Anne Md.

19. May 26 1940 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1940, at 8:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30th 1937, to May 24th 1940, and that I last saw her alive on May 23rd 1940.

Immediate cause of death Carcinoma of Stomach

DURATION 2 yrs.

Due to

Due to

Other conditions Ch. Hypocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos B Healey MD M.D. or other

Address Princess Anne Date signed 5/25/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (81b)

05705

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) No
Stay in this community (yrs., or mos., or days) Since birth

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robt. Henry Curtis

3. (b) Social Security Number

4. Sex M
5. Color or race Col
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ✓
✓ 6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 4/16-38

8. AGE: Years 2 Months 1 Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Luther James Curtis
13. Birthplace Md
MOTHER 14. Maiden name Jane Ives
15. Birthplace N.C.
16. Informant James H. Curtis
Address Princess Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/19-40 (month) (day) (year)
Cemetery or crematory Greenwood
Location Pr. Anne, Md
18. Funeral director Wm. James Ives
Address Princess Anne Md
19. May 19 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Cerebro-Spinal Meningitis; non-epidemic, following the bronchopneumonia. DURATION

Due to Bronchopneumonia

Due to Physician only saw patient once a few hours before death. W.F.R.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T J Smith (Not in attendance) M. D. or other
Address Princess Anne Md Date signed 4/17-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05706

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County: Somerset

City or town: Deals Island Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 82

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Deals Island Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma S. Evans

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 15 1858

8. AGE: Years: 82 Months: 2 Days: - If less than one day ____ hrs. ____ min.

9. Birthplace: Deals Island Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Dress Maker

FATHER

12. Name: Wm Wallace Evans

13. Birthplace: Deals Island Md

MOTHER

14. Maiden name: Susan L. Evans

15. Birthplace: Deals Island Md

16. Informant: Milton Dix

Address: Wenona Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 17 40 (month) (day) (year)

Cemetery or crematory: Deals Island Md

Location: Deals Island

18. Funeral director: L. G. Webster

Address: Deals Island Md

19. May 15 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 15 1940, and that I last saw her alive on May 15 1940.

Immediate cause of death	DURATION
Myocardial Infarction	5 days
Due to Coronary thrombosis	10 days
Due to	
Other conditions Angina Pectoris	10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Victor L. Stanton B.D. M. D. or other

Address: Deal Island Md Date signed: 5-15-40

CEIVED
JUN 6 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

05707

(61)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lorenzo Dower Giddings If U. S. Veteran, specify WAR

(a) Residence: No. Collins St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Maria James

6. DATE OF BIRTH (month, day, and year) Dec. 24, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. General laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Cutting yards

10. Date deceased last worked at this occupation (month and year) Sept. 1936

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Bridgetown, Va (State or country)

FATHER

13. NAME Abraham Giddings

14. BIRTHPLACE (city or town) Bridgetown, Va (State or country)

MOTHER

15. MAIDEN NAME Lucy Church

16. BIRTHPLACE (city or town) Bridgetown, Va (State or country)

17. INFORMANT Jeneatte Wilkins (Address) Crisfield, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lawsona Date May 9, 1940

19. UNDERTAKER Chas H. Ward (Address) Marion Md

20. FILED May 7, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938, to May 6, 1940

I last saw him alive on May 5, 1940; death is said to have occurred on the data stated above, at 1:21 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Gangrene of both feet & lower legs	Feb 1 1938
Diabetes Mellitus	1938

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. J. Bartley M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JUN 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

05708

CB

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Hospt.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ~~Md.~~ Pa. County

City or town Hungerford Pa. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna May Green

3. (b) Social Security Number None

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alonzo H. Green

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.): April 18. 1871

8. AGE: Years 69 | Months – | Days 29 | If less than one day ___ hrs. ___ min.

8. Birthplace: Westminster Md. (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER

12. Name: George Lear

13. Birthplace: Gettysburg Md.

MOTHER

14. Maiden name: Esther Green Cen

15. Birthplace: Unknown

16. Informant: Mrs. Florence M. Nelson

Address: Marion Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21-1940 (month) (day) (year)

Cemetery or crematory: Westminster Cem.

Location: Westminster Md.

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. May 18, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1940 (7:45 p.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1940, to May 17 1940, and that I last saw her alive on May 17 1940.

Immediate cause of death: Peritonitis acute Dil of Hit

Due to: Empyema gall bladder

Due to: Cholecystitis Cholylithiasis

Other conditions: Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Gangrene gall bladder stones

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Claudson M. D. or other

Address Marion Md. Date signed May 17, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05709

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Tena Green

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	C	Married

B (b) Name of husband or wife: John Green
6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Feb 20 1876

8. AGE: Years	Months	Days	If less than one day
64	3	10	hrs. min.

9. Birthplace: Dames Quarter Somerset Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Joseph Joyner
13. Birthplace: Somerset County

MOTHER
14. Maiden name: Sarah ??
15. Birthplace: ?

16. Informant: Thomas Green
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia Cem
Location: Lawsonia Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. June 1, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 30 1940, and that I last saw h-- alive on May 29 1940.

Immediate cause of death: Edema

DURATION: May 1940

Due to: Uterine insufficiency

DURATION: May 1940

Due to:

Other conditions: Bronchitis

DURATION: May 1940

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. J. Barkley, M.D. M. D. or other
Address: Crisfield, Md Date signed 5/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

05710

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Eugene J. Jackson

3. (b) Social Security Number ?

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife Unknown

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years abt? 47 Months ? Days ? If less than one day ___ hrs. ___ min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation Labour

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Taken from Army
Address discharge papers

17. Burial Date thereof May 30 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Cem

Location Lawsonia Md

18. Funeral director John A Bradshaw
Address Crisfield, Md

19. May 29, 1940 C. E. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to May 28 1940, and that I last saw him alive on May 28 1940.

Immediate cause of death Acute Dil of Heart — DURATION 6 hrs

Due to Uremia

Due to Central Artic Sclerosis (yes)

Other conditions Chronic Cut nephritis Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M D
M. D. or other

Address May 28 marion md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05711

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Henry Landon.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary E. Landon
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): April 14th 1858

8. AGE: Years	Months	Days	If less than one day
82	1	14	hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)
10. Usual occupation: Sea Food worker
11. Industry or business: Catching and selling Sea Food.
FATHER 12. Name: John H. Landon
13. Birthplace: Md.
MOTHER 14. Maiden name: Mina Daugherty.
15. Birthplace: Md.
16. Informant: Mrs. Mary E. Landon
Address: Crisfield Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Crisfield Cemetery
Location: Crisfield Md
18. Funeral director: J. S. Lawson & Son
Address: Crisfield. Md.
19. May 29, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to May 28 1940, and that I last saw him alive on May 28 1940.

Immediate cause of death	DURATION
Chronic myocarditis	6 mo.
Arteriosclerosis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Payton M.D.
M. D. or other
Address: Crisfield, Md. Date signed: May 30

RECEIVED
JUN 4 1940
BUREAU V. S.

05712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County Somerset

City or town Kingston, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Kingston, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R,F.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert B. Matthews

3. (b) Social Security Number -------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah E. Matthews

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1849

8. AGE:

Years	Months	Days	If less than one day
91	1	22	hrs. min.

9. Birthplace Somerset Co., Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Isaac Henry Matthews
13. Birthplace Somerset Co., Md.

MOTHER
14. Maiden name Charity Bozman
15. Birthplace Somerset Co., Md.

16. Informant Mrs. Emory Payne

Address Rehobeth, Somerset Co., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-26-40 (month) (day) (year)

Cemetery or crematory Rehobeth Baptist Cemetery

Location Near Pocomoke City, Md.

18. Funeral director John A. Bradshaw

Address Pocomoke City, Md.

19. May 25 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1940, at 1:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16th 1940, to May 24 1940 and that I last saw him alive on May 24th 1940.

Immediate cause of death Arteriosclerotic

Due to Kidney

Due to General Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Don't Know

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. E. Sartorius M. D. or other

Address Pocomoke City Md. Date signed 5/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

05713

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: RURAL NEAR MARION STATION
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 88yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: RURAL NEAR MARION STATION Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Morris

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: William Morris

deseased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 27 1851

8. AGE: Years	Months	Days	If less than one day
88	9	17	hrs. min.

9. Birthplace: Somerset County Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: John D Ward
13. Birthplace: Somerset County

MOTHER
14. Maiden name: Sallie Sterling
15. Birthplace: Somerset County

16. Informant: Frank Morris
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16 1940 (month) (day) (year)

Cemetery or crematory: St Pauls Cem

Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 5/16 19 (Date rec'd by registrar) Aurelia B. Lawson Registrar Deputy
C. E. Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 4P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death	DURATION
Uremia	
Due to Chronic Impendulus	10 Years
Due to Chronic Int nephritis	10 Years
Other conditions General Arteriosclerosis	Years

(Include pregnancy within 3 months of death)

Major findings:
D1 operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn MD M. D. or other
Address Marion Sta Md Date signed May 16 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

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RECEIVED
JUN 4 1940
BUREAU V. S.

05714

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(169)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Near Eden

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Penna. R.R. Tracks

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Mardela Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lloyd Murrell

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 28, 1901

8. AGE: Years 39 Months 0 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer (Laborer)

11. Industry or business ✓

MOTHER

12. Name Robert B. Murrell

13. Birthplace Missouri

14. Maiden name Minnie L. Jones

15. Birthplace Maryland

16. Informant Clyde Murrell

Address Mardela Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24 1940 (month) (day) (year)

Cemetery or crematory Wi Co. Mem. Park

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. May 23 1940 (Date rec'd by registrar) G J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 7.40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death Was hit by train & decapitated

Due to ✓

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, ~~or homicide~~ ? Date of

Where did injury occur? Eden (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Hit by train Injured at work?

23. SIGNATURE Fred M. Lankford M.D. M. D. or other

Address Princess Anne Md Date signed 5/22/40

HENRY M. LANKFORD M.D. Deputy Medical Examiner for Somerset County

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

05715

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-B

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Hen Westover Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank John Panzer

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie P. Panzer

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) August 27, 1892

8. AGE: Years 47 Months 8 Days 17 If less than one day hrs. min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation News dealer

11. Industry or business

FATHER

12. Name John Panzer

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden name ✓

15. Birthplace ✓

16. Informant Bessie P. Panzer

Address Princess Anne. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16, 1940 (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Princess Anne. Md.

18. Funeral director Dale Daskiell

Address Princess Anne Md.

19. May 15th 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1940, at 5 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8th 1935, to May 14th 1940, and that I last saw him alive on May 14th 1940.

Immediate cause of death Generalized Carcinomatosis

Due to

Due to Carcinoma of Stomach

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Inoperable Carcinoma of Stomach, 7/13/3

Of autopsy

DURATION 5 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Princess Anne Date signed 5/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

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RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05716

Reg. Diat. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Jacksonville Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 304 Elizabeth
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Walter Smith

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Baby.
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): May 20 - 1940
8. AGE: Years | Months | Days: 5 | If less than one day: hrs. min.
9. Birthplace: Crisfield Md.
(Town, county, and state)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Clifford H. Smith
13. Birthplace: Pittsville Md.
MOTHER 14. Maiden name: Mary Frances Morgan
15. Birthplace: Crisfield Md.
16. Informant: Clifford H. Smith
Address: 304 Elizabeth St. Salisbury
17. Burial
(Burial, cremation, or removal. Which?) Date thereof: May 25-40 (month) (day) (year)
Cemetery or crematory: Zion Church Cem.
Location: Whitesville Del.
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Md.
19. May 25, 40 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1940, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 25 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death	DURATION
Premature baby	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Autopsy?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D.
M. D. or other
Address: Crisfield Md. Date signed: May 25

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

Reg. Dist. No. 05717 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Lawsomia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 68yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Lawsonia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jennie Tyler Sterling

3. (b) Social Security Number: None

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: James Sterling

deseased 6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Nov 21 1871

8. AGE: Years: 68 Months: 5 Days: 18 If less than one day: hrs. min.

9. Birthplace: Lawsonia Somerset Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: William H Cullen
13. Birthplace: Lawsonia

MOTHER 14. Maiden name: Ann Sterling
15. Birthplace: Lawsonia

16. Informant: Fannie L Nelson
Address: Lawsonia

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12 1940 (month) (day) (year)
Cemetery or crematory: Lawsonia Cem
Location: Lawsonia Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. May 11, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1940, at 1:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 10 1940, and that I last saw her alive on May 10 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Cerebral arteriosclerosis	
Due to:	
Other conditions: Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Cate of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Payton M. D. or other
Address: Crisfield, Md Date signed: May 11, 1940

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (77)

05718

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 72

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Somerset

City or town Mt Vernon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mary Adeline Stewart

3. (b) Social Security Number none

4. Sex	Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Thomas Stewart

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 29, 1868

8. AGE: Years 71 | Months 9 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace Mt Vernon, Somerset Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Murray

13. Birthplace Mt Vernon

MOTHER 14. Maiden name Mary V. Sims

15. Birthplace Mt Vernon Md.

16. Informant Thomas Stewart

Address Mt. Vernon Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26, 1940 (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Mt Vernon Md.

18. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. May 26 1940 D J Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th 1940, 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death (a) Acute Dilatation of Heart — DURATION

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D J Smith M. D. or other

Address Princess Anne Md. Date signed 5/26/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

05719

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town RUAL NEAR Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Rual Near Marion Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Snead Taylor

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Levin R Taylor

Living 6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 13 1875

8. AGE: Years 64 Months 11 Days 29 If less than one day hrs. min.

9. Birthplace Fairmount, Somerset, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John S Blake

13. Birthplace Fairmount Md

MOTHER 14. Maiden name Margaret Tyler

15. Birthplace Fairmount Md

16. Informant Levin R Taylor

Address Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)

Cemetery or crematory St Pauls

Location Marion Md

18. Funeral director John A Broadshaw

Address Crisfield Md

19. 5/14 1940 (Date rec'd by registrar) Aurelia V Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to May 11 1940, and that I last saw her alive on May 11 1940.

Immediate cause of death: Acute Dil of Heart

Due to Myocarditis Chronic & Chronic Int nephritis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Coulbourn MD M. D. or other

Address Morum Sta Md Date signed May 14 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
JUN 1 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (928)

CERTIFICATE OF DEATH

05720

Reg. Dist. No. 261

1. PLACE OF DEATH:
County Somerset
City or town Marion md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Marion Station Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME James Turpin

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Maggie Turpin
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 15 1881

8. AGE: Years	Months	Days	If less than one day
58	5	3	hrs. min.

9. Birthplace Westover Somerset Co Md (Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Washington Turpin
13. Birthplace Westover Md
MOTHER 14. Maiden name Susen Ballard
15. Birthplace Westover Md
16. Informant Samuel Turpin
Address Marion Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21-1940 (month) (day) (year)
Cemetery or crematory Wesley
Location Marion Md.
18. Funeral director Chas H Ward
Address Marion Md.
19. 5/21 1940 Amelia P. Lawson (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 7 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1940, to May 18 1940, and that I last saw h[illegible] alive on May 18 1940.

	DURATION
Immediate cause of death Mitral insufficiency	1939
a	1940
Due to	
b	
Due to	
c	April 22
Other conditions Cystitis	1940

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. F. Bailey M.D. M. D. or other
Address 309 W. Md Ave Crisfield Md Date signed 5/24/40

RECEIVED
JUN 1 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-a)

05721

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 12 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Somerset

City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Crisfield md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Walter J Turpin

3. (b) Social Security Number 220-01-8533

4. Sex: male

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Laura Turpin

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) May 6, 1882

8. AGE: Years 58 Months 0 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace Marion Station
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name Samuel Turpin
13. Birthplace Fairmount md

MOTHER
14. Maiden name Mary Dixon
15. Birthplace Marion Station md

16. Informant Mrs Laura Turpin
Address Crisfield md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 2 - 1940 (month) (day) (year)

Cemetery or crematory Mt Olivet

Location Fruitland md

18. Funeral director James F. Stewart
Address Salisbury md

19. June 1, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 12:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1940, to May 30 1940, and that I last saw him alive on May 26 1940.

Immediate cause of death: Aortic insufficiency — DURATION: May 1940

Due to: Work

Due to:

Other conditions: Edema — May 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. J. Barkley M.D.
M. D. or other
Address 309 W. Md. Ave. Date signed 5/30/40

RECEIVED
JUN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05722

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Deals Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unnamed baby Wallace

3. (b) Social Security Number

4. Sex Female

5. Color or race Black

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 – 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Deals Island Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Justus Wallace

13. Birthplace Deals Island

MOTHER 14. Maiden name Eliza Wallace

15. Birthplace Deals Island Md

16. Informant Justus Wallace

Address Deals Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16-40 (month) (day) (year)

Cemetery or crematory Deals Island Md

Location Deals Island Church

18. Funeral director L. G. Webster

Address Deals Island

19. May 16 1940 (Date rec'd by registrar) Ross Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 3:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1940, to 19

and that I last saw h alive on 19

Immediate cause of death Premature Still birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor L. Stanton M. D. or other

Address Deal Island Date signed 5-16-40

RECEIVED
JUN 6 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-E)

CERTIFICATE OF DEATH

05723

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural near Crisfield
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Ward.

3. (b) Social Security Number 217-05-1520

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary W. Ward.
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 26th 1912

8. AGE: Years	Months	Days	If less than one day
27	6	12	hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)
10. Usual occupation: Taxi Driver
11. Industry or business
FATHER 12. Name: William Ward
13. Birthplace: Md.
MOTHER 14. Maiden name: Lyda Hoffman
15. Birthplace: Va.
16. Informant: Mrs. Lee Nelson
Address: Crisfield, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10th 40 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Lawsonia, near Crisfield.
18. Funeral director: J. S. Lawson
Address: Crisfield, Md.
19. May 9, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8th 1940, at 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940, to May 8 1940, and that I last saw him alive on May 8 1940.

Immediate cause of death	DURATION
Acute Hepatic Failure	3 days
Due to Streptococcus Infection of Throat	7 days
Due to	
Other conditions Terminal Pneumonia type 13 and 6 (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D.
M. D. or other
Address: Crisfield, Md. Date signed May 11

RECEIVED
JUN 4 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

05724

CERTIFICATE OF DEATH

Reg. Dist. No. 278

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): About 49 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Algie Wheatley Whittington

3. (b) Social Security Number: 215-05-5732

4. Sex: M

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Whittington

6(c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): ? Unknown About 1891

8. AGE: Years: About 49 yrs Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Crisfield Somerset Md (Town, county, and state)

10. Usual occupation: Crah House Worker

11. Industry or business

FATHER: 12. Name: Unknown

13. Birthplace: ?

MOTHER: 14. Maiden name: Deliah ?

15. Birthplace

16. Informant: Tivolia Whittington

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 31 1940 (month) (day) (year)

Cemetery or crematory: Lawsonia Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. May 30, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on , 19

Immediate cause of death: Myocarditis Coronary Thrombi

Due to

Due to: Died Suddenly

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: no

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm. H. Coulbourn M.D. M. D. or other

Address: Crisfield Md Date signed: May 31-40

Deputy Medical Examiner of Somerset Co

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.